

August 2, 2019

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## CMH Association and Member Activities:

### Shiawassee County Suicide Prevention Coalition to Host Annual Suicide Prevention Walk

The Shiawassee County Suicide Prevention Walk will be held on Tuesday, September 10, 2019 at 6:00 p.m. Registration begins at 5 p.m. at the JCPenney Owosso parking lot. The walk will take place on the Miner Riverwalk loop and return to the parking lot.

This is a free event with doughnuts, coffee and cider provided. Hot dogs, chips, cookie and pop will be available to purchase.

Suicide Prevention T-shirts will be for sale at the Downtown Owosso Farmers Market on August 10, 17 and September 7. T-shirts will also be for sale the day of the event.

Rain or shine, all are welcome to raise awareness, support survivors and remember individuals who have died by suicide.

Questions about this event? Please contact Penny at 989-723-0755.

## Saginaw CMH Enjoys CMH PAC Prize

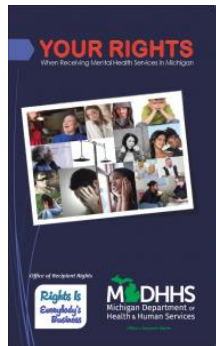


From the leadership of the Saginaw County Community Mental Health Authority (SCCMHA) on their enjoyment of Detroit Tiger tickets, won by SCCMHA, as part of their entire Board's giving to the CMH Political Action Committee (PAC) Fund:

"The SCCMHA Board would like to thank you for the opportunity to attend Sunday's Tiger's game vs. Toronto. I asked the members of our Board in attendance to take a quick pic at the game (see below). A good time was had by all and the Detroit even won (which is no small accomplishment these days)! Just thought I'd share."

## Recipient Rights Books and Nationally Recognized Channing Bete Books: Take Advantage of Discounted Rates Offered Through CMHA

### RECIPIENT RIGHTS BOOKLETS:



#### Recipient Rights Booklets

The Mental Health Code states that CMHSPs are required to distribute "Your Rights When Receiving Mental Health Services in Michigan" booklet to each recipient receiving services.

**Personalization will be available in late September.**

**Prices for Booklets:** Cost Per Booklet: **50¢ (Plus Flat Rate Shipping)**

**Payment & Shipping:** Payment is **required** prior to shipping. Shipments will take place within 30 days after payment has been received.

**Order Booklets:** To place your order, click here: [Order Your Rights Booklets Here!](#)

## CHANNING BETE BOOKLETS:



Special Member Ordering Opportunity of Channing Bete Company, Inc., Booklets

Up to a 51% discount off our published price list, increasing the “purchasing power” for the Community Mental Health Association of Michigan. There is complete flexibility concerning the timing of orders and booklet selection.

How the Program Works: All members of CMHA can purchase any Price List “A” & “K” items through this purchasing opportunity. Please refer to the chart on the attached order form for pricing.

Shipping costs are not included. They will be added to your final invoice from CMHA.

All orders must be faxed, mailed or emailed to the attention of:

Dana Ferguson  
CMHA  
426 S. Walnut, Lansing, MI 48933  
Tel. # 517-374-6848 \* Fax. # 517-374-1053  
Email: [dferguson@cmham.org](mailto:dferguson@cmham.org)

[Download the Channing Bete Order Form Here!](#)

## Job Bank CMHA Member Benefit Now Available!

CMHA Members may log on to [www.cmham.org](http://www.cmham.org) under Services to access the Job Bank and upload any Job Postings within their organization. Experience the ease and accessibility of being able to post what you want – when you want – and reach the maximum number of people in the State of Michigan!

If you would like to POST a job, please use the following link (REMEMBER... You must be a member in order to enjoy this benefit!): <https://cmham.org/services/job-bank/>

If you would like to VIEW current job postings, please use the following link (you do NOT have to be a member to view postings!): [https://cmham.org/job\\_postings/](https://cmham.org/job_postings/)

## 2019 PAC Campaign – And the Winner is...

Again, thank you to all the boards and members who participated in the 2019 CMH PAC campaign. This week we drew for the Tiger suite tickets and the winner was Saginaw County CMH. Please do not let the ticket drawing deter you or your agency from continuing your PAC efforts, the need for additional funds does not stop once we draw for the Tiger tickets. The CMH PAC is a key component to our overall advocacy efforts – the need to upgrade our PAC is greater today than ever before.

Again, please **make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please)**. Thank you. Please feel free to contact Bob or Alan with any questions.

Visit our website at <https://www.cmham.org/committees>

### News from Our Preferred Corporate Partners:



Thursday, August 8th, 2019

2:00 pm - 3:00 pm EST

Join Relias Product Managers Melissa Lewis-Stoner, M.S.W., LCSW-C and Justin Hess, M.S. for a look at how behavioral health organizations can use assessments and learning in combination to help their employees feel competent and effective in their jobs.

In this webinar, Melissa and Justin will:

Discuss how assessments can be used to evaluate job-related competency and measure soft skills critical for success to identify opportunities for continued growth.

Show how assessment results can be used to inform and develop individual training plans.

Walk through examples of using assessments at behavioral health organizations

[Register for this Relias webinar here](#)

### **myStrength: Digital Solution for Behavioral Healthcare Staff Shortages and Rampant Consumer Demand**

Across the U.S., a staggering 77% of counties have underserved behavioral healthcare needs. And within the next six years, providers will face an estimated shortage of more than 250,000 behavioral health professionals. Lack of access to care is culminating in a crisis for the U.S. healthcare system resulting in poor outcomes, over-dependence on emergency departments, lower quality of care, reduced consumer satisfaction, and increasing costs.

**Technology can help.** Staff are increasingly stressed due to heavy caseload burdens and administrative work demands. Digital solutions can ease these burdens by helping meet clinical patient needs, especially those with less acute issues. myStrength's scalable, HIPAA-compliant digital behavioral health platform offers evidence-based tools that extend reach and allow clinicians to work at the high-end of their licensure by focusing on the needs of the most needy and vulnerable patients. Offering bridge support between treatment sessions, myStrength's mobile and web self-care tools are proven to drive improved outcomes and cost savings

[Request a Demo](#)

### **State and National Developments and Resources:**

#### **MHEF Mental Health Access Study Reveals Gaps in Care**

Below is a recent announcement of the behavioral healthcare access study carried out by the Michigan Health Endowment Fund (MHEF). The CMH Association, a member of the Stakeholder Advisory Board for this effort, will be launching a media relations effort, around this study, in partnership with the MHEF.

The Michigan Health Endowment Fund (MHEF) partnered with Altarum to research access to behavioral healthcare in Michigan, and the resulting study reveals a pressing need for expansion of care. The CMH Association was a member of the Stakeholder Advisory Board for this effort.

38% of Michigan residents with a mental illness and 80% with a substance use disorder are not receiving treatment, accounting for hundreds of thousands of people. The final report, released today, describes various barriers to care, including cost, lack of transportation, and public awareness and perceptions about behavioral healthcare. It also makes various suggestions on what can be done to address those barriers.

The Health Fund commissioned and funded the study to better understand the state of access to behavioral healthcare amid rising rates of mental illness and substance use disorder in Michigan and across the country. We have various resources related to the study available on our website, including:

- The full study
- A blog post summarizing the data
- A toolkit for sharing on social media
- A landing page with links to briefs and one pagers

#### **State Recommends 84-Bed Facility at Caro, Relocation of Beds to Other State Hospitals, Increasing Community-Based Resources**

Below is a press release describing the recent decisions, by MDHHS, regarding the replacement for the state psychiatric hospital/developmental disability center at Caro.

Following a review by an independent consulting firm, the Michigan Department of Health and Human Services (MDHHS) is recommending an 84-bed facility in Caro; reopening units at existing state hospitals; and increasing resources into community-based programs to help serve individuals in need of mental health services.

The MDHHS recommendation would continue funding levels for the current 794 beds statewide. This would include realigning current funding through the following actions:

- Maintain an 84-bed facility at Caro, via either large-scale modernization or new construction. An 84-bed facility will be close to the current census and will reflect the state's approach to hospital unit design, utilization for patients and construction. Staff needed to support the facility, professional and nonprofessional, will remain at current levels.
- Shift the remaining 61 beds to other existing state hospitals closer to major population centers. Existing facilities have closed units that can be brought back into use at a limited cost.

- Pursue additional resources into community-based services sufficient to care for more than 55 additional high-acuity individuals.

“These recommendations will sustain and strengthen the Caro community’s historic role in providing psychiatric care,” said MDHHS director Robert Gordon. “They will also improve the quality of mental health services at state hospitals, while expanding community-based care. Finally, the recommendations will achieve their results at significantly lower cost than the legislature previously anticipated, allowing for additional investment in other urgent health priorities.”

Based on preliminary estimates, the capital costs associated with renovation or a new build at Caro is estimated at \$40-\$65 million and renovating other existing facilities at under \$20 million. No capital costs would be associated with the community-based investment. Based on these estimates, capital costs of these recommendations will be \$30-\$55 million less than the \$115 million authorized by the legislature.

In 2017, the state legislature authorized financing to construct a new hospital on the Caro site. The new Caro Psychiatric Hospital was scheduled to be completed in 2021 and serve 200 adults, an increase of 50 beds from the existing facility.

Concerns about staffing and accessibility to communities caused state officials to pause the Caro Center Reconstruction project in March 2019 to allow for an outside consultant to review the project and recommend next steps to best meet the needs of Michigan’s citizens. Myers & Stauffer was tasked with analyzing the process which led to plans for a new Caro hospital, to engage in fact finding and to support further decision-making. A copy of Myers & Stauffer’s final report is available online.

### **MDHHS Announces Webinar on Healthy Michigan Plan Changes**

The Michigan Department of Health and Human Services (MDHHS) is providing notice to all Medicaid providers that it will hold a webinar about the upcoming changes to the Healthy Michigan Plan.

The Michigan Department of Health and Human will implement new work, healthy behavior, and cost-sharing requirements beginning on January 1, 2020 for Medicaid beneficiaries who have Healthy Michigan Plan (HMP) health care coverage. MDHHS will implement these requirements in compliance with Public Act 208 of 2018 and the Special Terms & Conditions of the Section 1115 Demonstration Waiver Amendment that was approved by the Centers for Medicare & Medicaid Services (CMS) on December 21, 2018. HMP beneficiaries will be subject to the new requirements as a condition of Medicaid eligibility based on the criteria outlined below:

**Work Requirements:** For HMP beneficiaries who are between the ages of 19 and 62 and do not meet exemption criteria.

**Healthy Behavior and Cost Sharing Requirements:** For HMP beneficiaries who have been enrolled in a Medicaid Health Plan (MHP) for at least 48 cumulative months, have an income greater than 100% of the Federal Poverty Level (FPL), and do not meet exemption criteria.

**The webinar will be held on August 12, 2019, from 3:00 to 4:00 p.m.** All providers are invited to attend. Attendees will be provided information about the upcoming changes and will be given an opportunity to submit questions. Each attendee must register for the webinar at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Training >> Register (Under Adobe Connect Information) or by clicking [here](#).

The webinar will be recorded and posted for later viewing at [www.michigan.gov/healthmichiganplan](http://www.michigan.gov/healthmichiganplan).

### **Public Meetings on Michigan Rehabilitation Services Transfer to New State Agency Scheduled for Aug. 9**

Below is a recent press release on the reorganization of Michigan Rehabilitation Services.

Michigan Rehabilitation Services customers and others can attend public meetings at four locations on Aug. 9 regarding its move to a new state government department.

Michigan Rehabilitation Services, which provides specialized employment and education services and training to help people with disabilities become employed and retain employment, is scheduled to transfer to the newly created Michigan Department of Labor and Economic Opportunity (LEO) on Aug. 11.

Michigan Rehabilitation Services, now part of the Michigan Department of Health and Human Services (MDHHS), will hold the meetings and accept public comments. Gov. Gretchen Whitmer in June signed an executive order creating LEO to streamline and better coordinate efforts within state government to meet the state's business and labor needs. The Department of Talent & Economic Development becomes LEO on Aug. 11.

The Aug. 9 meetings are at the following times and locations, which are all accessible. Anyone requiring additional accommodations to participate should call 800-605-6722 by 5 p.m. Aug. 2.

Disability Network Capital Area, 901 E. Mount Hope Ave., Lansing, 2-5:30 p.m. Anyone who cannot attend the Lansing meeting in person can participate by calling 877-336-1831 and entering passcode 7467045.

Michigan Rehabilitation Services, Detroit Grand River Office, 17411 Grand River Ave., Detroit, 2-6 p.m.

Michigan Works Marquette, 1498 Odovero Drive, Suite 2, Marquette, 1-5 p.m.  
Michigan Works Traverse City, Networks Northwest Conference Center, 1209 S. Garfield Ave., Suite E, Traverse City, 2-6 p.m.

At the meetings, members of the public can comment on a proposed amendment to the fiscal year 2016-2020 State Plan for Vocational Rehabilitation Services and the State Supported Employment Services Program. The proposed state plan amendment implements provisions of the executive order. After public comments are received, the plan will be submitted for final approval to the U.S. Department of Education Rehabilitation Services Administration.

Written comments on the state plan amendment may be submitted by email with "state plan comments" in the subject line to [PolicyUnitSupport@michigan.gov](mailto:PolicyUnitSupport@michigan.gov). People also can submit written comments at any of the meetings or by mailing them to State Plan Comments, c/o MRS Bureau Director, Michigan Rehabilitation Services, P.O. Box 30010, Lansing, MI 48909. All comments must be received no later than 5 p.m. Aug. 9.

The proposed state plan amendment is posted on the Michigan Rehabilitation Services website. For general information, visit [www.michigan.gov/mrs](http://www.michigan.gov/mrs).



### **National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) Board Meeting Covers Wide Range of Issues**

Below is summary of key issues covered during the recent Board meeting of the National Association of County Behavioral health and Developmental Disability Directors (NACBHDD), The CMH Association and its members are longtime members of NACBHDD, with three seats on the NACBHDD Board filled by Chip Johnston (Centra Wellness), Diane Pelts (AuSable Valley), and Bob Sheehan (CMHA).

NACBHDD revised its strategic plan in ways that refine its focus and take on, more directly, the centrality of the role of the public system to the strength of the system. That revised strategic plan will be sent to CMHA members once revised.

National Association of Counties (NACo) resolutions: NACo passed a number of key resolutions related to the public mental health system:

- Promoting SUD and mental health integration within local and state operations
- Promoting/requiring commercial healthcare coverage for pre-adjudicated individuals
- Promoting/requiring Medicaid healthcare coverage for pre-adjudicated individuals
- Changing 42 CFR part 2 to allow for the exchange of SUD records with other behavioral health and physical healthcare providers

These resolutions in their final form, as passed by NACo, are provided below.

NACo is pushing that additional federal and state funding justice-behavioral health partnerships, when and if it comes, be provided to the CMH system and not to local law enforcement/corrections organizations.

Optum has recently published a Self-Directed care white paper. It can be found at: <https://www.optum.com/resources/library/spark/provider-survey.html>

NACBHDD has recently published (issued on July 15 at the NACBHDD Board meeting) a very thorough paper on behavioral health outcomes. This report, attached, provides a very thorough catalog of outcome measures across a number of dimensions of behavioral health systems. NABHDD will be designing pilots on the use of segments of these outcome measures, over the next year.

NACBHDD has asked the representative of the CMHA on the NACBHDD Board of Directors, in partnership with several other NACBHDD members, to develop a paper, for review, revision, and approval by the NACBHDD Board, on a summary of key components of a sound publicly-sponsored and operated behavioral health managed care system and a proposed stance of NACBHDD on managed care and carve-in/carve-out. This project emerged from the panel discussions at the NACBHDD Board meeting on managed care and carve-in/carve-out (panel discussions that came from the advocacy, by CMHA, that NACBHDD take up these issues).

NACo has found that 10-15% of persons in county jails have co-occurring IDD and SMI. NACBHDD IDD Committee will be doing a survey of NACBHDD members regarding best practices and gaps in the systems, across the country, serving persons with co-occurring IDD and SMI.

NACBHDD's work with decarceration pilots on the use of justice-behavioral health cooperative efforts (akin to the Bejar County, Texas model) has identified that smaller communities have the most

difficult times in implementing cooperation between these two systems. As a result, NACBHDD will be working with Kansas around state-level policy changes.

NACo website will be upgraded to store all NABHDD publications (Hill Briefings handouts, Under the Microscope, Ron Manderscheid's updates)

The NACBHDD Nominations Committee has named the following slate of potential officers for the 2020-2021 NACBHDD Board:

- President: Robert Sheehan, Chief Executive Officer, Community Mental Health Association of MI
- Vice President: Kyle Kessler, Executive Director, Association of Community Mental Health Centers of KS
- Treasurer – David Weden, Chief Administrative Officer/CFO, Integral Care, President- Elect, NARMH
- Secretary – Lynn Canfield, Director, Champaign County Behavioral Health Program, IL

The election for Board officers will be held at our fall Board meeting in Chicago, IL, on October 7-8.

### **NACo Resolutions of Interest to NACBHDD Members, as Passed by NACo Board**

Resolution to Extend Federal Medical Payments to Detainees in County Jails Who Are Pre-25 Adjudicated

Issue: Extending federal Medicaid payments to detainees in county jails who are pre-adjudicated.

Adopted Policy: The National Association of Counties (NACo) supports federal legislation to require the federal Medicaid program to contribute the federal Medicaid match for health and mental health care that is provided while a pre-adjudicated detainee is actually incarcerated. Adopted | July 15, 2019

Resolution to Prohibit Insurers from Denying Health Benefits to Pre-Adjudicated Persons

Issue: Private insurance companies' "inmate exclusion" shifts health care costs from pre-adjudicated inmates to counties.

Adopted Policy: The National Association of Counties (NACo) urges the U.S. Department of Health and Human Services (HHS) to prohibit insurers from denying reimbursement under health benefit plans for covered services provided to pre-adjudicated persons in the custody of local supervisory authorities.

Adopted | July 15, 2019

Resolution on Integration of Mental Health and Addiction Care in Treatment Centers

Issue: Although substance use disorders such as opioid addiction frequently follows the onset of depression, and substance use disorders such as opioid addiction frequently triggers depression within as few as 30 days, our patterns of care organization and funding do not make provision for a necessary linkage between mental health and substance use care.

Adopted Policy: The National Association of Counties (NACo) urges the federal government, specifically, Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources and Services Administration (HRSA), Center for Disease Control and Prevention (CDC) and Center for Medicare and Medicaid Services (CMS), to modify grant, technical assistance and service funding programs that support the development and operation of integrated care in treatment centers to include provision for the integration of mental health and addiction care, including care for depression and substance use disorders such as opioid addiction.

Adopted | July 15, 2019

Resolution to Support Amending 42 CFR Part 2 SUD Privacy Rules to Improve Care Coordination Issue: Need to align privacy requirements for substance use disorder (SUD) patient records with those for medical care records under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) in order to improve care coordination for patients undergoing SUD treatment. Adopted Policy: The National Association of Counties (NACo) supports amending 42 Code of Federal

Regulations (CFR) Part 2 (Part 2) privacy provisions to improve care coordination for patients undergoing treatment for SUD by aligning the privacy requirements for SUD patient records as governed by Part 2 with those in HIPAA for medical care. This would permit information sharing between SUD treatment providers, behavioral health providers and medical care providers for the purposes of health care treatment, payment, and operations (TPO), while also bolstering efforts to identify high utilizers of public services and hospital emergency departments. Adopted | July 15, 2019

### CCBHC Demonstration Extended

Recently, the House approved a short-term extension of the Certified Community Behavioral Health Clinic (CCBHC) demonstration program in Medicaid. The legislation now heads to the White House for President Trump's review and signature. The bill would extend the program until Friday, September 13, 2019.

Unfortunately, Michigan is not among the states for whom this extension applies. Work continues to extend Michigan CCBHC initiative for years after its planned two-year life.

This extension is yet another legislative victory for the CCBHC program and one on which we will look to build momentum for a long-term extension and expansion in the fall. The National Council is grateful to Congress for once again recognizing the critical importance of this program, and urges lawmakers to continue to support this initiative when they return in the fall.

### Michigan Center for Rural Health Snapshot

Community Stars is an electronic publication released on National Rural Health Day, which falls on the third Thursday of November each year. The stories featured in the collection represent shining examples of generosity, service, and dedication to the health and wellbeing of those who call rural America home.



Community Star nominations are opened and will remain open until August 9, 2019.

There are no limitations to how many individuals, organizations or consortiums can be nominated. Eligible nominees must be located, working or volunteering in a designated rural area, and they must demonstrate how they have benefitted from the resources provided to them through their State Office of Rural Health.

The 2019 Community Star Selection Committee will review and evaluate nominations, making recommendations for which stories to include in this year's eBook and other NRHD activities based on the following merits. The nominee:

- Cultivates a vital, innovative rural health landscape and infrastructure
- Develops leadership capacity to grow rural population health and health equity

- Builds capacity for rural data-driven program planning and decision making
- Contributes to rural health innovation, education, collaboration and communication

If you know of an organization or individual that meets one or more of the following criteria, please take a few moments to complete the secure online nomination form and submit them as a 2019 Community Star!

### National Quality Forum Accepting Public Comment on Behavioral Health Quality Measures



The National Quality Forum (NQF) has posted draft reports from the Spring 2019 cycle for public commenting in each of the following topic areas: Renal, Behavioral Health and Substance Use, Neurology, and Patient Safety. The draft reports are posted on each topic area's project page. They contain the measure summaries and the Standing Committee's recommendations for endorsement. NQF members and the public may submit comments on each report as a whole, on individual recommended measures, and on measures not recommended for endorsement. In addition, NQF members may express their support for measures under review during the commenting period. Comments on the Renal project can be submitted through August 23 at 6:00pm ET. Comments on the Behavioral Health, Neurology, and Patient Safety projects can be submitted through August 26 at 6:00pm ET.

#### Behavioral Health and Substance Use

The [draft report](#) (PDF) can be views and readers can [submit comments](#) on the project page. You will need to log in to the NQF website to submit comments. Please contact the [Behavioral Health and Substance Use team](#) with questions

### CMS Advances MyHealthEData with New Pilot to Support Clinicians

Below is a recent press release on a CMS initiative designed to improve the access, by clinicians, to Medicare claims data, with the hope of improving the coordination of care.

Pilot program gives clinicians direct access to claims data, putting patients over paperwork and at the center of their care

Recently, at the White House Blue Button Developers Conference (BBDC), the Centers for Medicare & Medicaid Services (CMS) announced changes that further protect and strengthen Medicare by unleashing the power of data and placing it firmly where it belongs, in the hands of patients and the clinicians who treat them.

This week, as the agency celebrates the anniversary of Medicare, CMS is accelerating the transformation of the nation's healthcare system to one that is based on value by increasing patient and provider access to the data needed through a new pilot program for clinicians called "Data at the Point of Care" (DPC). DPC is based on an industry-standard application programming interface (API), and is part of the MyHealthEData Administration-wide initiative led by the White House Office of American Innovation. MyHealthEData is designed to empower patients around a common aim - giving every American access to their medical information so they can make better medical decisions.

The DPC pilot program will transform healthcare delivery by leveraging Medicare's Blue Button data to provide clinicians with access to claims data. The claims data will fill in information gaps for clinicians, giving them a more structured and complete patient history with information like previous diagnoses, past procedures, and medication lists. Blue Button 2.0 has provided better access to this data for patients but now CMS is going a step further and helping to connect clinicians to their patients' information. Clinicians will be able to access the DPC pilot data directly within their workflow, without needing to log into another application. This in turn will reduce burden in the exam room and give clinicians more time to deliver high quality care for their patients.

"This pilot program is another example of how the Trump Administration is doing everything possible to bring our healthcare system into the 21st century," said CMS Administrator Seema Verma. "Technology, coupled with open data sharing, is how we will improve value, control costs and keep patients healthy while ensuring a solvent Medicare program for generations to come."

Currently, patient information often becomes trapped within health system siloes, preventing patients from accessing their complete health information aggregated into one usable health record. This creates a problem for patients during visits with providers who are looking to obtain the most complete medical history possible for the person they are treating. Doctors are left offering treatment solutions with incomplete patient histories, putting patients at risk and potentially duplicating tests and treatments that can be costly or unnecessary.

Clinicians participating in the DPC pilot program will be allowed to request a Medicare beneficiary's claims data from CMS to get a full snapshot of their care including from other healthcare providers the beneficiary has seen for care. This will be done through a developer-friendly, industry-standard API using Health Level 7's Fast Healthcare Interoperability Resource (FHIR®) standard, one of the most popular protocols for joining disparate systems together to promote interoperability and seamlessly share health information.

DPC is one of many critical steps CMS is taking to build on our actions to make a truly interoperable healthcare system. For example, CMS launched Blue Button 2.0, the first-ever FHIR-based claims API for Medicare beneficiaries, last year. Blue Button 2.0 gives beneficiaries the ability to securely connect their data to apps and other tools developed by innovators. Engagement and partnership with the technology community has involved more than 2,000 developers from over 1,100 organizations that are using synthetic data in the Blue Button 2.0 sandbox. Currently, 28 organizations have applications in production.

Most recently, CMS issued the Interoperability and Patient Access Proposed Rule. This proposed rule would require all health plans regulated by the rule to follow CMS's lead with Blue Button 2.0 by making patient data available through an API. This will make it easier to access, use, and share claims data for 85 million patients including those covered by Medicare Advantage, Medicaid, CHIP and health plans sold on the Federal exchanges.

BBDC brings developers together to network, learn, build software, and share insights on how Medicare claims data can be leveraged to improve health outcomes for patients.

Clinicians who are interested in participating in the DPC pilot program can sign up by visiting: <https://dpc.cms.gov>. Beneficiaries who wish to opt out of data sharing can do so by calling 1-800-Medicare.

For more information on Blue Button, please visit: <https://bluebutton.cms.gov>.

### **Nominations Open for Recipient Rights Directors Award and Cooke Gant Spirit Award**

Michigan Department of Health and Human Services, Office of Recipient Rights is accepting nominations for its annual Directors' Awards and Cookie Gant Spirit Award. Office of Recipient Rights is pleased to announce its call for nominations recognizing excellence in Recipient Rights Community by honoring individuals that deserve recognition in the areas of innovation, advocacy and empowerment. There are four awards presented each year at the Recipient Rights Conference. Each award has its own criteria and is summarized below:

Director's Award for Innovation and Rights Protection: Nominees will have created a new or different way of enabling the vision of recipient rights or of a rights office. This may include creating a valuable new process or product, constructing a difference way of approaching old problems, creating a new solution for a systemic problem.

Director's Award for Advocacy on Behalf of Mental Health Recipients: Nominees will have made an outstanding contribution toward, or have gone to extraordinary means, to advocate on behalf of people receiving mental health services.

Director's Award for Consumer Empowerment: Nominees will have made a profound or uniquely positive difference in the lives of consumers, so that consumers are empowered to transcend the "world of disability" and live a life of self-advocacy.

Cookie Gant Spirit Award: This award is issued by the State Recipient Rights Advisory Committee and is presented to an individual who exhibits the dedication, demonstrates tenacity, and advocates diligently for persons with mental illness or developmental disabilities.

Please take the time to nominate an individual within the rights system, a colleague, an organization, who deserves to be celebrated-consider nominating individuals or organizations whose accomplishment has yet to be publicly acknowledged. A nomination form to submit your referral for Directors' Awards and the Cookie Gant Spirit Award can be obtained by emailing Veronica Ryan at [RyanV1@michigan.gov](mailto:RyanV1@michigan.gov)

All nominations are due August 15, 2019.

## **State Legislative Update:**

### **Status Report on the State of Current Budget Negotiations**

It is very simple, according to the Whitmer Administration's budget director, there are no negotiations. Republican leaders have met amongst themselves during the summer break, but not with the administration.

However, Budget Director Chris Kolb has said that he has had numerous conversations and meetings with Senate Appropriations Chair Jim Stamas (R-Midland) and Rep. Shane Hernandez (R-Port Huron), but the trio has not made any critical budget decisions. He also indicated that their respective staffers have been in contact with each other, as well.

Kolb reported that all FY20 budget decisions remain on hold "until the road package is finished" and that date has not been etched in stone.

Gov. Gretchen Whitmer has taken to Twitter to make regular jabs at the Legislature to get moving on negotiations. Last Thursday she posted a GIF of a wagon with the message, "On average, it took the early settlers 126 days to cross the Oregon Trail. We don't need to cross a river in a wagon, but we do need to pass a budget that sets our communities up for success."

Kolb is expressing confidence that a resolution will be reached before the start of the FY20 budget year, Oct. 1. He remains upbeat about a resolution, but the budget countdown clock is on in Kolb's office.

It's under 75 days and ticking.

### **Federal Update:**

#### **House Passes Short-Term CCBHC Extension, Bill Now Heads to White House**

On Tuesday, the House approved a short-term extension of the Certified Community Behavioral Health Clinic (CCBHC) demonstration in Medicaid. The legislation now heads to the White House for President Trump's review and signature. The bill would extend the program until Friday, September 13, 2019. This extension is yet another legislative victory for the CCBHC program and one on which we will look to build momentum for a long-term extension and expansion in the fall. The National Council thanks Congress and the countless advocates whose work has expanded access to high-quality, community-based treatment through the CCBHC program.

Congress has shown its strong bipartisan commitment to ensuring continued access to care through CCBHCs. Earlier this week, House Energy and Commerce Chairman Frank Pallone (D-NJ) and Ranking Member Greg Walden (R-OR) [released a statement](#) following the House's passage of the short-term funding solution, urging Congress to pass a longer extension of the program. "While we are relieved that the Senate acted on the request to restore funding for the Certified Community Behavioral Health Clinic demonstration program, we remain concerned that this short-term extension once again kicks the can down the road, potentially imperiling access to treatment for thousands of people with substance use disorders and mental health conditions in the foreseeable future," said Reps. Pallone and Walden. "A longer extension of the program would give us time to fully evaluate how the program is working. We cannot afford to keep kicking the can down the road in the midst of an opioid epidemic."

#### **Registration is Now Open for Hill Day 2019 – Behavioral Health's Largest Advocacy Event of the Year.**

Held in partnership with national mental health and addictions organizations, Hill Day gathers hundreds of behavioral health providers, C-suite level executives, board members, consumers and community stakeholders in Washington, D.C. (September 17-18).

Hill Day begins with sessions and workshops on federal behavioral health policy. The following day, attendees take their message to Capitol Hill to advocate for better resources for mental health and addictions treatment in their communities.

We look forward to seeing you in Washington, D.C., this September. [Register today!](#)

National Council Hill Day registration is free and open to all interested advocates. Attendees are responsible for booking and funding their own transportation and hotel accommodations. [Book your room](#) at the Hyatt Regency on Capitol Hill at a special discounted rate.

The schedule will be updated as Hill Day nears so stay tuned!

Tuesday, September 17, 2019: Public Policy Institute

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- National Council will provide the latest news about federal behavioral health policy, host advocacy trainings and discuss the policy asks for Hill Day 2019.

Wednesday, September 18, 2019: Capitol Hill Visits

- Congressional visits will be made in coordination with your state's State Captain. CMHA staff make appointments and coordinate meetings with federal legislators.

### **Education Opportunities:**

#### **Required for Licensure Renewal: Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings**

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

***This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.***

Trainings offered on the following date.

**August 21, 2019 – Lansing [Click Here to Register!](#)**

Training Fees: (fee includes training material, coffee, lunch and refreshments.

\$115 CMHA Members

\$138 Non-Members

#### **Annual Recipient Rights Conference**

Join us for the 26<sup>th</sup> Annual Recipient Rights Conference which will be held on September 24-27, 2019 at the McCamly Plaza Hotel in Battle Creek, Michigan.

Pre-Conference on September 24, 2019 from 9am-4pm: Scientific Content Analysis featuring Avinoam Sapir  
Full Conference from September 25-27, 2019 will feature General Sessions on Human Trafficking and How Policy Makers Work and How Advocates can Influence change with Senator Rebekah Warren as well as 24 workshops.

Registration information: [Click here to register!](#)

#### **Dialectical Behavior Therapy (DBT) Trainings for 2018/2019**

##### **5-Day Comprehensive DBT Trainings**

- This training is designed for CMH, CMH service providers, PIHP, and PIHP service provider staff who are directly responsible for delivering DBT.
- Due to the fact DBT is a comprehensive treatment that treats high-risk individuals, one's core training ought to be comprehensive as well.
- IT IS EXPECTED THAT ALL PARTICIPANTS WILL MAKE A FULL COMMITMENT TO ATTEND ALL 5 DAYS mindfully and will participate fully in discussion, role-plays and complete daily homework assignments.



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- Participants are asked to bring a copy of "Cognitive Behavioral Treatment of Borderline Personality Disorder" by Marsha Linehan, PhD, with them to the training.
- COMPLETION OF A 2-DAY INTRODUCTION TO DBT TRAINING OR EQUIVALENT IS A PRE-REQUISITE FOR ATTENDING THIS TRAINING.
- This is NOT a training that teaches DBT skills. There will be very little focus on DBT skills. The majority of the focus of this training will be to help clinicians on how to conduct individual DBT sessions. If your goal is to come to this training in order to learn DBT skills, do not attend. By attending, you understand and consent to knowing this ahead of time.

### Training Fee:

\$250 per person. Fee includes training materials (excluding book by Dr. Linehan), continental breakfast and lunch for 5 days.

### Dates/Location:

August 12-16, 2019 | Great Wolf Lodge, Traverse City | [REGISTER HERE](#)

### **Free ½-Day Training: Trauma-Informed Systems Leadership: Strategies, Structures, and Approaches**

The CMH Association of Michigan is the Michigan partner to the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center (GLMHTTC). Through this partnership, the CMH Association will be sponsoring and highlighting a variety of training opportunities. This event is sponsored by the Great Lakes Mental Health Technology Transfer Center, School-based Mental Health Supplement.

Trauma-Informed Systems Leadership: Strategies, Structures, and Approaches

**Training Description:** Join us for this interactive and dynamic session that explores what trauma is and how services, systems, and policies can become trauma-informed to best provide individuals the care they need. We begin with the basic theory and research to provide us with a framework for trauma-informed practices, and then examine what these practices look like across different systems, and dig into organizational level considerations for local providers, directors and managers of agencies, and mental health and education leaders. Participants receive guidance on how to create and enhance organizational practices that support healing and resilience.

**Who Should Attend:** This workshop is appropriate for systems, agency, and organizational leadership for the following (but not limited to) fields: education (schools and systems), faith-based, community based, mental health, behavioral health, violence prevention, youth serving, and more.

**Date:** Thursday, August 8, 2019

**Time:** 9 AM–12 PM

**Where:** Lansing Community College West, 5708 Cornerstone Dr., Lansing, MI 48917

**Cost:** Free

**Registration:** [Click Here to Register for August 8 Trauma-Informed Systems Leadership Training](#)

**For more information,** contact Sarah McMinn, School-based Mental Health Project Manager: sarah.mcminn@wisc.edu

### **Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings**

- August 13-14, 2019 – Hilton Garden Inn, Detroit

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- August 27-28, 2019 – Radisson Plaza Hotel, Kalamazoo
- September 24-25, 2019 – Great Wolf Lodge, Traverse City

Visit [www.cmham.org](http://www.cmham.org) for more information.

### **20<sup>th</sup> Annual Substance Use Disorder and Co-Occurring Disorder Conference**

**“Innovative Strategies for Today’s Challenges”**

**Pre-Conference Workshops: September 15, 2019** (*registration coming soon*)

**Full Conference: September 16-17, 2019** (*registration now open!*)

Cobo Center, Detroit, MI

**[Click here for more information about attending or exhibiting at the conference.](#)**

**Who Should Attend:** This conference attracts more than 1,200 attendees including board members, oversight policy board members, administrators, financial directors, medical directors, clinical directors, prevention, treatment and recovery professionals, case managers, recovery coaches and those with lived experience. This educational opportunity is intended for providers in the substance use and co-occurring disorders field at all levels of practice (beginning, intermediate and/or advanced).

### **45th Annual National Association for Rural Mental Health Conference**

August 26-29, 2019

45th Annual National Association for Rural Mental Health Conference

La Fonda on the Plaza Hotel

Santa Fe, New Mexico

The National Association for Rural Mental Health (NARMH) invites you to attend the 2019 NARMH Annual Conference. Registration is now open and you can register online at [www.narmh.org](http://www.narmh.org).

**About Our Conference:** The National Association for Rural Mental Health (NARMH) Annual Conference is the premier interdisciplinary mental health event for rural families and peers, community members, clinicians, researchers, administrators and policy professionals. Now in its 45th year, the NARMH Annual Conference provides a collaborative environment for all participants across professions to learn and network on a myriad of vital issues concerning mental health practice, research, policy and advocacy in rural and remote populations.

**Our Conference Theme:** The 2019 NARMH Annual Conference theme is “From Surviving to Thriving: Embracing Connections”. NARMH “rode the winds of change” in Santa Fe in 2002, and now we return in 2019 to see what we have learned, what has changed, and where we are headed. We want to learn from communities who have gone from surviving to thriving and how that impact is maintained and enhanced. We want to get to know each other and have fun together.

There are over 60 breakout sessions with topics focusing on the following areas: Surviving to Thriving, Workforce Issues, Innovations in Service Delivery, Dilemmas in Addressing Trauma, Rural and Frontier Workforce Development Strategies, Embracing the Reality of Behavioral Health in Rural Communities – Struggles, Responses and Successes, Co-Occurring Substance Use Disorders and Other Topics. The plenary sessions include: 1) The Path to Thriving: Strategic Doing and Rural Mental Health; 2) From Surviving to Thriving in American Indian Communities: Transcending Historical Trauma; 3) Introducing the MHTTC- A New Workforce Development Resource; and 4) The Very Large Array of Youth and Adult Peer Support. The

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conference also features a Reception with Flamenco Dancing as well as a NARMH Night at the Movies showing the film: The Providers.

There is no better place to do that than the City Different, Santa Fe, New Mexico. Bienvenidos! Visit the NARMH website at [www.narmh.org](http://www.narmh.org) to explore the details of the 2019 NARMH Annual Conference. We look forward to seeing you in Santa Fe!

**Questions & General Information:** If you need additional information after visiting the NARMH 2019 conference website at [www.narmh.org](http://www.narmh.org), please contact Brenton Rice, NARMH Event Planner, by email at [brenton@togevents.com](mailto:brenton@togevents.com) or by phone at 651.242.6589.

### **Miscellaneous News and Information:**

### **CMH Association's Officers and Staff Contact Information:**

#### **CMHA Officers Contact Information:**

The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership. While this dialogue will not take the place of the regular dialogue and decision making that occurs during the meetings of the Association's Executive Board, Steering Committee, Provider Alliance, Association Committees, Directors Forum, PIHP CEOs meeting, nor any of the great number of Association-sponsored and supported dialogue venues, the Officers want to ensure that the members of the Association can reach them to discuss issues of interest to the Association's members. The contact information for the officers is provided below:

President: Joe Stone [Stonejoe09@gmail.com](mailto:Stonejoe09@gmail.com); (989) 390-2284  
First Vice President: Carl Rice Jr; [cricejr@outlook.com](mailto:cricejr@outlook.com); (517) 745-2124  
Second Vice President: Craig Reiter; [gullivercraig@gmail.com](mailto:gullivercraig@gmail.com); (906) 283-3451  
Secretary: Cathy Kellerman; [balcat3@live.com](mailto:balcat3@live.com); (231) 924-3972  
Treasurer: Randy Kamps; [randyk@4iam.com](mailto:randyk@4iam.com); (231)392-6670  
Immediate Past President: Bill Davie; [bill49866@gmail.com](mailto:bill49866@gmail.com); (906) 226-4063

#### **CMHA Staff Contact Information:**

CMH Association staff can be contacted at (517) 374-6848 and via the e-mail addresses below:

Alan Bolter, Associate Director, [abolter@cmham.org](mailto:abolter@cmham.org)  
Christina Ward, Director of Education and Training, [cward@cmham.org](mailto:cward@cmham.org)  
Monique Francis, Executive Secretary/Committee Clerk, [mfrancis@cmham.org](mailto:mfrancis@cmham.org)  
Nakia Payton, Data-Entry Clerk/Receptionist, [npayton@cmham.org](mailto:npayton@cmham.org)  
Dana Ferguson, Accounting Clerk, [dferguson@cmham.org](mailto:dferguson@cmham.org)  
Michelle Dee, Accounting Assistant, [acctassistant@cmham.org](mailto:acctassistant@cmham.org)  
Anne Wilson, Training and Meeting Planner, [awilson@mham.org](mailto:awilson@mham.org)  
Chris Lincoln, Training and Meeting Planner, [clincoln@cmham.org](mailto:clincoln@cmham.org)  
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Jodi Johnson, Training and Meeting Planner, [jjohnson@cmham.org](mailto:jjohnson@cmham.org)  
Alexandra Risher, Training and Meeting Planner, [arisher@cmham.org](mailto:arisher@cmham.org)  
Robert Sheehan, CEO, [rsheehan@cmham.org](mailto:rsheehan@cmham.org)